

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>04-SEP-2012</b>		2. ADDRESS OF OCCURRENCE <b>7433 S STATE ST CHICAGO, IL 60619</b>		3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>0323</b>	
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>CLINTON</b>	7. FIRST NAME <b>SHANTELL D</b>	8. STAR NO. <b>9012</b>	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE <b>BLK</b>	11. AGE <b>505</b>
	12. HT. <b>150</b>	13. WT. <b>150</b>	14. DATE OF APPT. <b>09-JUL-2007</b>		15. EMPLOYEE NO. <b>003</b>	16. UNIT & BEAT OF ASSIGNMENT <b>0368A</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off
	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME <b>ROBINSON</b>		21. FIRST NAME <b>GLENN</b>		22. M.I. <b>BLK</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>
SUBJECT INFORMATION	25. D.O.B. <b>602</b>		26. HT. <b>205</b>		27. WT. <b>205</b>		
	28. ADDRESS <b>CHRI</b>		29. TELEPHONE NO. <b>ER STAFF</b>		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No
	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRI</b>		34. BY WHOM? <b>ER STAFF</b>		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence
	36. CHARGES PLACED <b>18487818</b>		37. CB NO. <b>18487818</b>		38. IR NO. <b>18487818</b>		
REASON FOR USE OF FORCE (Check all that apply)	39. PASSIVE RESISTER		40. ACTIVE RESISTER		41. ASSAILANT ASSAULT		42. ASSAILANT BATTERY
	43. SUBJECT'S ACTIONS <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <b>DISCHARGE HANDGUN</b>		<input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <b>DISCHARGED FIREARM /</b>
	44. MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER		<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER
	45. FIREARM		46. OTHER SEMIAUTOMATIC HANDGUN		47. OTHER		
WEAPON DISCHARGE INCIDENT	48. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		49. ADDITIONAL INFORMATION <b>OFFENDER DISCHARGED HANDGUN AT RO</b>				
	50. POSITION		51. STAR NO.		52. UNIT		
	53. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		54. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		55. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		56. WEATHER CONDITIONS <b>CLEAR</b>
	57. MAKE/MANUFACTURER <b>GLOCK, INC. -AU-</b>		58. MODEL <b>17</b>		59. BARREL LENGTH <b>4.49</b>		60. CALIBER/GAUGE <b>9 MM</b>
CASE INFO.	61. TASER PART ID NO.		62. WEAPON SERIAL NO. (Include Letters) <b>SEV553</b>		63. CHICAGO GUN REG. NO. <b>R024334S</b>		64. IL FIREARM OWNER ID. NO.
	65. SPECIAL WEAPON CERTIFICATE NO.		66. PROPERTY INVENTORY NO.		67. TYPE OF AMMUNITION USED <b>Department Issued</b>		68. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>
	69. TOTAL NO. OF SHOTS MEMBER FIRED <b>2</b>		70. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		71. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		72. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>
	73. HOW WAS MEMBER'S HANDGUN DRAWN? <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		74. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>NONE</b>		75. HOW WAS MEMBER'S HANDGUN WORN? <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		76. DID MEMBER USE SIGHTS? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO
SIGNATURES	77. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) <b>VEHICLE</b>		78. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.		79. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		
	80. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN		81. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		82. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		
	83. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		84. REPORTING MEMBER (Print Name) <b>CLINTON, SHANTELL D</b>		85. STAR/EMPLOYEE NO. <b>9012</b>		
	86. SIGNATURE <b>04-SEP-2012 08:28:04</b>		87. SIGNATURE		88. SIGNATURE		
89. REVIEWING SUPERVISOR WILL ENSURE THE LEGIBILITY AND COMPLETENESS OF THIS REPORT AND ATTEST BY ENTERING THE REQUIRED INFORMATION BELOW.							
90. REVIEWING SUPERVISOR (Print Name) <b>ERBACHER, KYLE J</b>		91. STAR NO. <b>2502</b>		92. SIGNATURE		93. DATE REVIEWED <b>04-SEP-2012 10:34:49</b>	

LOG # 1056803

Attachment # 12

# WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender in surgery at Christ hospital for gun shot wounds sustained during incident.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned based on the facts available at this time that Officer Clinton acted in compliance with department policy in that Officer Clinton fired her weapon at the offender after the offender pointed and fired a firearm at Officer Clinton.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1056803 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE

DATE COMPLETED

TIME

04-SEP-2012 10:46:58

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.P. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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LOG # 1056803

Attachment # 12